

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS155AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/09/2009
NAME OF PROVIDER OR SUPPLIER MORNING STAR CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7560 SILVER LEAF WAY LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28384</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 10/8/09-10/9/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was seven. Seven resident files were reviewed and two employee files were reviewed.</p> <p>The facility received a survey grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 067	<p>449.196(1)(c) Qualifications of Caregiver- Read regulation</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions.</p>	Y 067		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 067	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 10/8/09, the facility failed to ensure that 1 of 2 caregivers read the provisions of NAC 449.156 to 449.2766 and signed a statement that he has read those regulations (Employee #4). Severity: 2 Scope: 1	Y 067		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 10/8/09, the facility failed to ensure that 2 of 2 caregivers complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #4 was missing evidence of a chest x-ray and annual signs and symptoms review) and pre-employment physical examinations (Employee #4 and #5). This was a repeat deficiency from the 6/30/09 State Licensure survey. Severity: 2 Scope: 3	Y 103		

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Y 105 SS=E	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384</p> <p>Based on record review on 10/8/09, the facility failed to ensure 2 of 5 caregivers had 2 sets of fingerprints or results from the state repository on file (Employee #4 and #5).</p> <p>This was a repeat deficiency from the 6/30/09 State Licensure survey.</p> <p>Severity: 2 Scope: 2</p>	Y 105		
Y 878 SS=H	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p>	Y 878		

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Y 878	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Surveyor: 11456</p> <p>Based on record review and interviews on 10/8/09 and 10/9/09, the facility failed to ensure that 2 of 8 residents received medications as prescribed (Resident #2 and #8).</p> <p>Findings include:</p> <p>Resident #2: The resident had a prescription for Senna 8.6 milligrams (mg), one tablet daily. The MAR indicated this medication was administered on 10/1/09, 10/2/09, 10/4/09, 10/6/09 and 10/8/09. Employee #4 reported the resident asked to take this medication every other day. Resident #2 stated she wants to take the medication daily but the facility sometimes runs out of the medication. The medication was not give as prescribed and there was no documentation in the record of the medication being refused by the resident.</p> <p>Resident #2 had a prescription for Fosamax 70 mg, one tablet weekly. The September 2009 MAR indicated Fosamax was given daily and the was no documentation in the October 2009 MAR for Fosamax administration during the nine days in October 2009.</p> <p>Resident #8: The resident had two bottles of Levothyroxine in his medication storage bin with different strengths. One bottle was filled on 9/11/09 for 125 micrograms (mcg) and the other bottle was filled on 10/2/09 for 100 mcg. The instructions on the resident's medication administration record (MAR) were to give</p>	Y 878			

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Y 878	Continued From page 4 Levothyroxine 125 mcg, one tablet daily. Employee #4 was initially stated the 125 mcg dose was correct and upon further questioning she confirmed 100 mcg was the most recent order. The caregiver changed the MAR to reflect the current order of 100 mcg and removed the 125 mcg bottle of medication from the resident's storage bin. On 8/27/09, a care plan was created for Resident #8 by Hospice of Las Vegas with an order for Ibuprofen 600 mg, every six hours as needed and Loperamide 2 mg, two tablets by mouth after first loose stool then one tablet after each additional loose stool. Neither Ibuprofen or Loperamide (Imodium) were on the MAR for August, September or October 2009. Ibuprofen was not in the resident's medication bin and Employee #4 stated the facility did not have the Ibuprofen available. Resident #8 was prescribed Hydrocodone APAP 5/500, one tablet three times per day, as needed for pain and Vitamin C 250 mg, one tablet twice per day. The facility documented on the September 2009 that both medications had been discontinued on 9/14/09. There were no orders from the physician or hospice to discontinue the medications. There was no Vitamin C in Resident #8's medication bin. Severity: 3 Scope: 2	Y 878		
Y 896 SS=F	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the	Y 896		

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Y 896	<p>Continued From page 5</p> <p>administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered.</p> <p>This Regulation is not met as evidenced by: Surveyor: 11456</p> <p>Based on record review, observation and interview on 10/8-9/09, the facility falsified the medication administration records (MAR) for 7 of 7 residents (Resident #1, #2, #3, #4, #5, #6, #7).</p> <p>Findings include:</p> <p>The surveyor entered the facility at 1:10 PM on 10/8/09 and Employee #4 was observed to be back-charting medication administration in the MAR for the prior four days - 10/7/09, 10/6/09, 10/5/09 and 10/4/09 - for the seven residents. Medications were also initialed by the caregiver for the late afternoon and evening doses to be given on the day of the survey, 10/8/09.</p> <p>The MAR for Resident #6 was initialed for the 6:00 PM dose of Risperidone. The MAR for Resident #3 was initialed for the 5:00 PM dose for Atenolol and Docusate; as well as the 8:00 PM dose for Temazepam and Simvastatin. The MAR for Resident #1 was initialed for the 5:00 PM dose of Calcium +D, and the 12:00 PM dose of Colace.</p> <p>The surveyor returned to the facility on 10/9/09 at 10:10 AM and found Employee #4 had pre-initialed the resident MARs again. The MAR</p>	Y 896			

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Y 896	Continued From page 6 for Resident #1 was initialed for the 12:00 PM and 5:00 PM doses of Docusate and the 5:00 PM dose of Calcium +D. Resident #2's MAR was initialed for the 2:00 PM dose of Oxycodone APAP and the 8:00 PM dose of Lovastatin and Cymbalta. Resident #5 had been initialed for the 12:00 PM Benzonate and Ipratropium Bromide doses and the 5:00 PM dose of Serevent Diskus. Severity: 2 Scope: 3	Y 896			
Y1010 SS=E	449.2764(1) MI Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 10/8/09, the facility failed to ensure 1 of 2 caregivers employed at the facility had at least 8 hours of training in the care of persons with mental illness prior to accepting a mentally ill resident. Findings include: The file for Employee #5 contained two 8-hour training certificates dated the same day, 8/1/09.	Y1010			

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Y1010	<p>Continued From page 7</p> <p>One certificate showed he attended an 8-hour course for Medication Management training on 8/1/09. The second certificate indicated that on the same day, he attended an 8-hour course for Understanding Mental Illness. When questioned, the operator reported the employee took the mental illness course the night of 8/1/09 and that it ran past midnight.</p> <p>Severity: 2 Scope: 2</p>	Y1010			

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